Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
INTRADECO RETIREMENT & SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/2000

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
INTRADECO, INC.

9500 NW 108TH AVENUE
MIAMI, FL 33178

2b Employer Identification Number (EIN)
59-2313297

2c Plan Sponsor's telephone number
305-264-6022

2d Business code (see instructions)
423990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2020	JOSIE GONZALEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	403
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	364
a(2) Total number of active participants at the end of the plan year	**6a(2)**	391
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	47
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	438
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	438
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	245
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ] ___	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[ ]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
INTRADECO RETIREMENT & SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTRADECO, INC.

D Employer Identification Number (EIN)
59-2313297

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 64	SERVICE PROVIDER	57995	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

KESTRA INVESTMENT SERVICES, LLC

5707 SOUTHWEST PARKWAY
BUILDING 2, SUITE 400
AUSTIN, TX 78735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/DEALER	0	Yes [X] No [ ]	Yes [ ] No [X]	31338	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
KESTRA INVESTMENT SERVICES, LLC	55	31338
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VOYA FINANCIAL PARTNERS 06-1371577	OTHER COMMISSIONS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
INTRADECO RETIREMENT & SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTRADECO, INC.

D Employer Identification Number (EIN)
59-2313297

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	186483	267068
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13131858	19530381
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	13318341	19797449
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13318341	19797449

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	623843	
	(B) Participants	2a(1)(B)	1342586	
	(C) Others (including rollovers)	2a(1)(C)	1647749	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3614178
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	12525	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12525
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	458023	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		458023
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2841478
c Other income	2c		451
d Total income. Add all **income** amounts in column (b) and enter total	2d		6926655
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	387641	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		387641
f Corrective distributions (see instructions)	2f		1500
g Certain deemed distributions of participant loans (see instructions)	2g		385
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	58021	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		58021
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		447547
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6479108
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KABAT, SCHERTZER, DE LA TORRE AND T **(2)** EIN: 26-0547877

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
INTRADECO RETIREMENT & SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTRADECO, INC.

D Employer Identification Number (EIN)
59-2313297

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 71-0294708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

INTRADECO RETIREMENT & SAVINGS PLAN

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2019

INTRADECO RETIREMENT & SAVINGS PLAN

YEAR ENDED DECEMBER 31, 2019

TABLE OF CONTENTS

	PAGE
INDEPENDENT AUDITOR'S REPORT	**1-2**
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	**3**
Statement of Changes in Net Assets Available for Benefits	**4**
Notes to Financial Statements	**5-11**
SUPPLEMENTAL INFORMATION	
Form 5500 - Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	**13**
Form 5500 - Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	**14**

KSDT
ADVISORY | TAX | ASSURANCE CPA

To the Participants and Plan Administrator of the
Intradeco Retirement & Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Intradeco Retirement & Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Voya Institutional Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the trustee is complete and accurate.

KSDT
ADVISORY | TAX | ASSURANCE CPA

INDEPENDENT AUDITOR'S REPORT (Continued)

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Form 5500 - Schedule H, line 4i – Schedule of Assets (Held at End of Year) and Form 5500 - Schedule H, line 4a – Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974.

KABAT, SCHERTZER, DE LA TORRE, TARABOULOS & CO.

Miami, Florida
October 2, 2020

INTRADECO RETIREMENT & SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2019 AND 2018

	2019	2018
ASSETS		
INVESTMENTS, AT FAIR VALUE	$ 19,530,381	$ 13,131,858
CONTRIBUTIONS RECEIVABLE:		
Participant	60,187	75,893
Employer	17,291	33,290
TOTAL CONTRIBUTIONS RECEIVABLE	77,478	109,183
NOTES RECEIVABLE FROM PARTICIPANTS	267,068	186,483
NET ASSETS AVAILABLE FOR BENEFITS	$ 19,874,927	$ 13,427,524

The accompanying notes are an integral part of these financial statements.

INTRADECO RETIREMENT & SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2019

ADDITIONS:	
Net investment income:	
Net appreciation in fair value of investments	$ 2,841,478
Other income	451
Interest and dividends	470,548
Total net investment income	3,312,477
Contributions:	
Participant	2,974,629
Employer	607,844
Total contributions	3,582,473
TOTAL ADDITIONS	6,894,950
DEDUCTIONS:	
Benefits paid to participants and other	389,141
Deemed distributions of participant loans	385
Other expenses	58,021
TOTAL DEDUCTIONS	447,547
NET INCREASE	6,447,403
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING	13,427,524
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	$ 19,874,927

The accompanying notes are an integral part of these financial statements.

INTRADECO RETIREMENT & SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2019

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Description of the Plan

The following description of the Intradeco Retirement & Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan adopted by the Board of Directors of Intradeco, Inc. (the Plan sponsor) and is subject to the provisions of the Internal Revenue Code and the Employee Retirement Income Security Act of 1974 (ERISA). The Plan has elected to adopt the provisions required to qualify as a safe harbor plan. As such, the Plan is referred to as a qualified automatic contribution arrangement 401(k) plan. A qualified automatic contribution arrangement 401(k) plan is a plan designed to make safe harbor matching contributions that enable the employer to simplify plan administration by ensuring that non-discrimination regulations are met.

Eligibility

All non-excluded employees of the Plan sponsor and its affiliates are eligible to participate in the Plan after completing six months of service. Participant entry date will be the first day of the month coinciding with or next following the date the participant satisfies the eligibility requirements. The Plan allows for certain employees to participate without regard to the eligible service requirement.

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Contributions

Participants may elect to contribute a percentage of their annual pretax compensation, subject to statutory limits. Under Internal Revenue Service (IRS) Code Section 402(g)(1), the maximum deferral of pretax earnings was $19,000 and $18,500 for the years ended December 31, 2019 and 2018, respectively. Participants who have attained age 50 before the end of the plan year are eligible to contribute an additional $6,000 of catch-up contributions. Participants may also contribute amounts representing distributions from other plans and certain individual retirement accounts. The Plan sponsor will make a safe harbor matching contribution equal to 100% of the participant's salary deferrals that do not exceed 3% of their compensation plus 50% of the participant's salary deferrals between 3% and 5% of compensation, not to exceed more than 5% of the participant's total compensation.

Additional profit-sharing amounts may be contributed at the discretion of the Plan sponsor. No additional profit-sharing amounts were contributed in 2019. Participants may change their salary deferral contribution amounts or terminate their salary deferral contributions at any time.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution as well as an allocation of the Plan sponsor's contribution and Plan earnings or losses. Participant accounts are charged with an allocation of certain other administrative expenses, such as loan fees, specific to each participant. Allocations of the Plan's earnings or losses in each investment option and Plan sponsor's contributions were made to the participant's accounts based on the ratio of each participant's current account balance in each investment option to total participants account balances in the investment option. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Forfeitures of the non-vested account balances of participants are used to reduce employer contributions. For the year ended December 31, 2019, there were approximately $450 of forfeitures to be utilized by the Plan sponsor to reduce employer contributions.

Vesting

Participants are immediately vested in salary reduction contributions, as well as, profit sharing contributions, transfer contributions, employer matching contributions, and any safe harbor contributions, as defined by the IRS.

Payment of Benefits

Participant contributions and the vested portion of the Plan sponsor's matching contributions are available for distribution upon attainment of age 59½, death, disability, termination of employment or normal retirement age. Distributions may be received as a lump-sum payment or in installments. If the participant's vested account balance is greater than $5,000, the participant may elect to maintain their account within the Plan.

Contributions are also available for distribution in the form of a hardship withdrawal.

In the event of death, the participant's vested account balance will be used to provide the participant's beneficiary with a death benefit. If at the date of death, the participant's vested account balance was less than $5,000, then the balance shall be distributed in a single lump-sum payment. If the participant's vested account balance was more than $5,000 at the date of death, then distributions are made in the form and at the time elected by the beneficiary unless a distribution election was made prior to death. Vested account balances must be completely distributed within five years of death.

A participant becomes eligible to receive their vested account balance in the Plan if they become permanently disabled as defined by the Plan document. Distribution payments will be made in the same manner as if the participant had terminated employment without disability.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Termination of the Plan

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Investments

Security transactions are recorded on a trade date basis, which is the date the order to buy or sell is executed. Interest income and expenses are accrued on a daily basis. Distributions to participants are recorded on the ex-dividend date. The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions to any of the various Voya Retirement Insurance and Annuity Company (Voya) investment options (see Note 4). Participants may change their investment options daily.

Risks and Uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in these risks and uncertainties in the near term would materially affect participant account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles (GAAP) requires the Plan to make estimates and assumptions that affect the reported amounts of net assets available for benefit and disclosure of contingent net assets available for benefit at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Administrative Expenses

Certain administrative and accounting functions are performed by the Plan sponsor's employees, who received no compensation from the Plan. Administrative expenses, such as professional fees, are paid directly by the Plan sponsor.

NOTE 2. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

Voya Institutional Trust Company, the trustee, held the Plan's investments as of December 31, 2019 and 2018. The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the data included in the accompanying financial statements and supplemental schedules are complete and accurate with respect to investments and notes receivable from participants as shown on the statement of net assets available for benefits as of December 31, 2019 and 2018, net investment activity and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2019, and investment information included in the footnotes and supplemental schedule of assets (held at end of year) as of December 31, 2019.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 3. NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable consist entirely of loans to participants. A participant may borrow from their account up to the lesser of 50% of a participant's vested balance or $50,000. The minimum principal loan is $1,000. The principal and interest must generally be repaid within five years. Notes receivable from participants bear interest at a rate reasonable at the time of application, considering the purpose of the loan and the rate charged by representative commercial banks in the local area for similar loans. During 2019, the interest rates on notes receivable from participants ranged from 4.50% to 6.50%. Notes receivable from participants were approximately $267,000 and $186,000 as of December 31, 2019 and 2018, respectively.

NOTE 4. FAIR VALUE MEASUREMENTS

GAAP provides a framework for measuring fair value and provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy are described as follows:

Level 1: Inputs using the valuation methodology are unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

NOTE 4. FAIR VALUE MEASUREMENTS (Continued)

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methods used for assets measured at fair value:

Mutual funds: The fair value of the investments in mutual funds is determined by the fund trustee based on the fair value of the underlying securities within the fund, which represent the net asset value of the shares held by the Plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table presents the Plan's fair value hierarchy for assets measured at fair value as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 19,530,381	$ -	$ -	$ 19,530,381

The following table presents the Plan's fair value hierarchy for assets measured at fair value as of December 31, 2018:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 13,131,858	$ -	$ -	$ 13,131,858

NOTE 5. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Voya, the trustee of the Plan, whose transactions qualify as party-in-interest transactions.

NOTE 6. TAX STATUS

The Plan obtained its latest determination letter in September 2014, in which the IRS stated that the form of the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator believes that the Plan complies with the requirements of Section 401(a) of the Internal Revenue Code, and is therefore exempt from federal income taxes under Section 401(a) of the Internal Revenue Code.

NOTE 6. TAX STATUS (Continued)

Plan management is required to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain tax positions taken or expected to be taken by the Plan. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The administrator believes it is no longer subject to income tax examinations for years prior to 2015.

NOTE 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits between the financial statements and Schedule H of the Form 5500, as of December 31, 2019:

Net assets available for benefits per financial statements	$ 19,874,927
Less: 2019 contributions receivable - participant	(60,187)
2019 contributions receivable - employer	(17,291)
Net assets available for benefits per Form 5500	$ 19,797,449

The following is a reconciliation of total contributions between the financial statements and Schedule H of the Form 5500, as of December 31, 2019:

Contributions by participant per the financial statements	$ 3,582,473
Less: 2019 contributions receivable - participant	(60,187)
2019 contributions receivable - employer	(17,291)
Add: 2018 contributions receivable - participant	75,893
2018 contributions receivable - employer	33,290
Contributions by participant per Form 5500	$ 3,614,178

The remainder of this page intentionally left blank.

NOTE 8. PROHIBITED TRANSACTIONS

During 2019, participant contributions for 16 payroll transactions during the year, totaling approximately $88,000, were not remitted timely to the Plan. The Department of Labor (DOL) requires that participant contributions be remitted to the Plan on the earliest date on which they can be reasonably segregated from the Company's general assets. Failure to remit participant contributions to the Plan in a timely manner results in a prohibited transaction which must be separately reported to the DOL and may result in lost earnings for the Plan and penalties to the Plan sponsor.

NOTE 9. SUBSEQUENT EVENTS

Other Matters

Effective May 2020, the Plan sponsor temporarily stopped making matching contributions. As of October 2, 2020, it was not known when the Plan sponsor will resume making these contributions.

The Plan's ongoing funding may experience instability and estimates included in the financial statements may change due to current political and economic conditions as a result of public health concerns related to the novel coronavirus, or COVID-19. The duration and intensity of these impacts and resulting disruption to which these events affect the Plan's net position will depend on future developments, which are highly uncertain and cannot be predicted at this time.

Date of Management Review

Management has evaluated subsequent events through October 2, 2020, the date the financial statements were available to be issued.

INTRADECO RETIREMENT & SAVINGS PLAN

SUPPLEMENTAL INFORMATION

YEAR ENDED DECEMBER 31, 2019

INTRADECO RETIREMENT & SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER - #59-2313297
PLAN NUMBER – 001
FORM 5500 – SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment	(d) Cost	(e) Current Value
	Fidelity Investments	Fidelity 500 Index Fund	**	$ 3,762,776
	The Vanguard Group	Vanguard Trgt Retire 2035 Fnd Inv	**	2,479,956
	The Vanguard Group	Vanguard Trgt Retire 2030 Fnd Inv	**	1,950,791
	The Vanguard Group	Vanguard Trgt Retire 2020 Fnd Inv	**	1,555,786
	The Vanguard Group	Vanguard Federal Money Mrkt Fnd Inv	**	1,191,713
	Amundi Pioneer Asset Management	Pioneer Bond Fund K	**	882,177
	The Vanguard Group	Vanguard Trgt Retire 2045 Fnd Inv	**	802,523
	The Vanguard Group	Vanguard Trgt Retire 2025 Fnd Inv	**	795,394
	The Vanguard Group	Vanguard Sm-Cap Grwth Index Fnd Adm	**	791,863
	The Vanguard Group	Vanguard Sm-Cap Val Index Fnd Adm	**	783,498
	T. Rowe Price Investment Management Company	TRowePrc Blue Chip Growth Fund I	**	683,817
	Fidelity Investments	Fidelity Sm Cp Ind Fund	**	598,195
	The Vanguard Group	Vanguard Trgt Retire 2040 Fnd Inv	**	589,542
	MFS Investment Management	MFS Mid Cap Value Fund R6	**	494,949
	Fidelity Investments	Fidelity Tot Intl Idx Ins Pre	**	396,752
	Capital Group Companies	American Funds Wash Mutual Inv R6	**	374,538
	The Vanguard Group	Vanguard Real Estate Index Adm	**	348,049
	Capital Group Companies	American Funds EuroPacific Grw R6	**	307,680
	The Hartford Financial Services Company	The Hartford MidCap Fund R6	**	307,229
	The Vanguard Group	Vanguard Trgt Retire 2050 Fnd Inv	**	139,779
	The Vanguard Group	Vanguard Trgt Retire Income Fnd Inv	**	130,302
	AllianceBernstein Asset Management Company	AB Global Bond Fund Z	**	80,320
	The Vanguard Group	Vanguard Trgt Retire 2055 Fnd Inv	**	67,926
	The Vanguard Group	Vanguard Trgt Retire 2060 Fnd Inv	**	12,730
	Fidelity Investments	Fidelity Mid Cap Idx Fd	**	1,547
*	Voya Retirement Insurance and Annuity	Voya Gov Money Mkt Fnd A (Hold Acct)	**	524
	The Vanguard Group	Vanguard Trgt Retire 2065 Fnd Inv	**	25
		Total mutual funds		19,530,381
*	Notes receivable from participants	Loans to participants, interest rates ranging from 4.50% to 6.50%, various maturities		267,068
	Total			$ 19,797,449

* Party-in-interest as defined by ERISA
** Cost information not required for participant-directed investments

The accompanying independent auditor's report should be read with this supplemental schedule.

INTRADECO RETIREMENT & SAVINGS PLAN

YEAR ENDED DECEMBER 31, 2019

EMPLOYER IDENTIFICATION NUMBER - #59-2313297
PLAN NUMBER – 001
FORM 5500 – SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

		Total that Constitute Nonexempt Prohibited Transactions			
Plan Year	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2019	$ 87,833	$ -	$ 87,833	$ -	$ -

The accompanying independent auditor's report should be read with this supplemental schedule.

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
Intradeco Retirement & Savings Plan
EIN 59-2313297
Plan 001
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
	AB Global Bond Fund Z	Registered Investment Company		$80,320
	American Funds EuroPacific R6	Registered Investment Company		$307,680
	American Funds Wash Mtual R6	Registered Investment Company		$374,538
	Fidelity 500 Index Fund In Pr	Registered Investment Company		$3,762,775
	Fidelity Mid Cap Idx Fd	Registered Investment Company		$1,547
	Fidelity Sm Cp Ind Fd	Registered Investment Company		$598,195
	Fidelity Tot Intl Idx Fund	Registered Investment Company		$396,752
	Hrtfrd MidCap Fund R6	Registered Investment Company		$307,229
	MFS Mid Cap Value Fund R6	Registered Investment Company		$494,949
	Pioneer Bond Fund K	Registered Investment Company		$882,177
	TRwPr Blue Chip Growth Fnd I	Registered Investment Company		$683,817
	Vangrd Federal Mny Mkt Fd Inv	Registered Investment Company		$1,191,713
	Vangrd Sm-Cap Grw Index Fd Adm	Registered Investment Company		$791,864
	Vangrd Sm-Cap Vl Index Fnd Adm	Registered Investment Company		$783,498
	Vangrd Trgt Retire 2020 Fd Inv	Registered Investment Company		$1,555,786
	Vangrd Trgt Retire 2025 Fd Inv	Registered Investment Company		$795,394
	Vangrd Trgt Retire 2030 Fd Inv	Registered Investment Company		$1,950,791
	Vangrd Trgt Retire 2035 Fd Inv	Registered Investment Company		$2,479,956
	Vangrd Trgt Retire 2040 Fd Inv	Registered Investment Company		$589,542
	Vangrd Trgt Retire 2045 Fd Inv	Registered Investment Company		$802,523
	Vangrd Trgt Retire 2050 Fd Inv	Registered Investment Company		$139,779
	Vangrd Trgt Retire 2055 Fd Inv	Registered Investment Company		$67,926
	Vangrd Trgt Retire 2060 Fd Inv	Registered Investment Company		$12,730
	Vangrd Trgt Retire 2065 Fd Inv	Registered Investment Company		$25
	Vangrd Trgt Retire Inc Fd Inv	Registered Investment Company		$130,302
	Vanguard Real Estate Indx Adm	Registered Investment Company		$348,049
*	Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		$524
	Loan Fund	Participant Loans - Rates 4.50% to 6.50%		$267,068
	Total			$19,797,449

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.

INTRADECO RETIREMENT & SAVINGS PLAN

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2019

INTRADECO RETIREMENT & SAVINGS PLAN

YEAR ENDED DECEMBER 31, 2019

TABLE OF CONTENTS

	PAGE
INDEPENDENT AUDITOR'S REPORT	**1-2**
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	**3**
Statement of Changes in Net Assets Available for Benefits	**4**
Notes to Financial Statements	**5-11**
SUPPLEMENTAL INFORMATION	
Form 5500 - Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	**13**
Form 5500 - Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	**14**

KSDT
ADVISORY | TAX | ASSURANCE CPA

To the Participants and Plan Administrator of the
Intradeco Retirement & Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Intradeco Retirement & Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Voya Institutional Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the trustee is complete and accurate.

KSDT
ADVISORY | TAX | ASSURANCE CPA

INDEPENDENT AUDITOR'S REPORT (Continued)

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Form 5500 - Schedule H, line 4i – Schedule of Assets (Held at End of Year) and Form 5500 - Schedule H, line 4a – Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974.

KABAT, SCHERTZER, DE LA TORRE, TARABOULOS & CO.

Miami, Florida
October 2, 2020

INTRADECO RETIREMENT & SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2019 AND 2018

	2019	2018
ASSETS		
INVESTMENTS, AT FAIR VALUE	$ 19,530,381	$ 13,131,858
CONTRIBUTIONS RECEIVABLE:		
Participant	60,187	75,893
Employer	17,291	33,290
TOTAL CONTRIBUTIONS RECEIVABLE	77,478	109,183
NOTES RECEIVABLE FROM PARTICIPANTS	267,068	186,483
NET ASSETS AVAILABLE FOR BENEFITS	$ 19,874,927	$ 13,427,524

The accompanying notes are an integral part of these financial statements.

INTRADECO RETIREMENT & SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2019

ADDITIONS:	
Net investment income:	
Net appreciation in fair value of investments	$ 2,841,478
Other income	451
Interest and dividends	470,548
Total net investment income	3,312,477
Contributions:	
Participant	2,974,629
Employer	607,844
Total contributions	3,582,473
TOTAL ADDITIONS	6,894,950
DEDUCTIONS:	
Benefits paid to participants and other	389,141
Deemed distributions of participant loans	385
Other expenses	58,021
TOTAL DEDUCTIONS	447,547
NET INCREASE	6,447,403
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING	13,427,524
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	$ 19,874,927

The accompanying notes are an integral part of these financial statements.

INTRADECO RETIREMENT & SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2019

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Description of the Plan

The following description of the Intradeco Retirement & Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan adopted by the Board of Directors of Intradeco, Inc. (the Plan sponsor) and is subject to the provisions of the Internal Revenue Code and the Employee Retirement Income Security Act of 1974 (ERISA). The Plan has elected to adopt the provisions required to qualify as a safe harbor plan. As such, the Plan is referred to as a qualified automatic contribution arrangement 401(k) plan. A qualified automatic contribution arrangement 401(k) plan is a plan designed to make safe harbor matching contributions that enable the employer to simplify plan administration by ensuring that non-discrimination regulations are met.

Eligibility

All non-excluded employees of the Plan sponsor and its affiliates are eligible to participate in the Plan after completing six months of service. Participant entry date will be the first day of the month coinciding with or next following the date the participant satisfies the eligibility requirements. The Plan allows for certain employees to participate without regard to the eligible service requirement.

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Contributions

Participants may elect to contribute a percentage of their annual pretax compensation, subject to statutory limits. Under Internal Revenue Service (IRS) Code Section 402(g)(1), the maximum deferral of pretax earnings was $19,000 and $18,500 for the years ended December 31, 2019 and 2018, respectively. Participants who have attained age 50 before the end of the plan year are eligible to contribute an additional $6,000 of catch-up contributions. Participants may also contribute amounts representing distributions from other plans and certain individual retirement accounts. The Plan sponsor will make a safe harbor matching contribution equal to 100% of the participant's salary deferrals that do not exceed 3% of their compensation plus 50% of the participant's salary deferrals between 3% and 5% of compensation, not to exceed more than 5% of the participant's total compensation.

Additional profit-sharing amounts may be contributed at the discretion of the Plan sponsor. No additional profit-sharing amounts were contributed in 2019. Participants may change their salary deferral contribution amounts or terminate their salary deferral contributions at any time.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution as well as an allocation of the Plan sponsor's contribution and Plan earnings or losses. Participant accounts are charged with an allocation of certain other administrative expenses, such as loan fees, specific to each participant. Allocations of the Plan's earnings or losses in each investment option and Plan sponsor's contributions were made to the participant's accounts based on the ratio of each participant's current account balance in each investment option to total participants account balances in the investment option. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Forfeitures of the non-vested account balances of participants are used to reduce employer contributions. For the year ended December 31, 2019, there were approximately $450 of forfeitures to be utilized by the Plan sponsor to reduce employer contributions.

Vesting

Participants are immediately vested in salary reduction contributions, as well as, profit sharing contributions, transfer contributions, employer matching contributions, and any safe harbor contributions, as defined by the IRS.

Payment of Benefits

Participant contributions and the vested portion of the Plan sponsor's matching contributions are available for distribution upon attainment of age 59½, death, disability, termination of employment or normal retirement age. Distributions may be received as a lump-sum payment or in installments. If the participant's vested account balance is greater than $5,000, the participant may elect to maintain their account within the Plan.

Contributions are also available for distribution in the form of a hardship withdrawal.

In the event of death, the participant's vested account balance will be used to provide the participant's beneficiary with a death benefit. If at the date of death, the participant's vested account balance was less than $5,000, then the balance shall be distributed in a single lump-sum payment. If the participant's vested account balance was more than $5,000 at the date of death, then distributions are made in the form and at the time elected by the beneficiary unless a distribution election was made prior to death. Vested account balances must be completely distributed within five years of death.

A participant becomes eligible to receive their vested account balance in the Plan if they become permanently disabled as defined by the Plan document. Distribution payments will be made in the same manner as if the participant had terminated employment without disability.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Termination of the Plan

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Investments

Security transactions are recorded on a trade date basis, which is the date the order to buy or sell is executed. Interest income and expenses are accrued on a daily basis. Distributions to participants are recorded on the ex-dividend date. The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions to any of the various Voya Retirement Insurance and Annuity Company (Voya) investment options (see Note 4). Participants may change their investment options daily.

Risks and Uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in these risks and uncertainties in the near term would materially affect participant account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles (GAAP) requires the Plan to make estimates and assumptions that affect the reported amounts of net assets available for benefit and disclosure of contingent net assets available for benefit at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Administrative Expenses

Certain administrative and accounting functions are performed by the Plan sponsor's employees, who received no compensation from the Plan. Administrative expenses, such as professional fees, are paid directly by the Plan sponsor.

NOTE 2. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

Voya Institutional Trust Company, the trustee, held the Plan's investments as of December 31, 2019 and 2018. The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the data included in the accompanying financial statements and supplemental schedules are complete and accurate with respect to investments and notes receivable from participants as shown on the statement of net assets available for benefits as of December 31, 2019 and 2018, net investment activity and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2019, and investment information included in the footnotes and supplemental schedule of assets (held at end of year) as of December 31, 2019.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 3. NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable consist entirely of loans to participants. A participant may borrow from their account up to the lesser of 50% of a participant's vested balance or $50,000. The minimum principal loan is $1,000. The principal and interest must generally be repaid within five years. Notes receivable from participants bear interest at a rate reasonable at the time of application, considering the purpose of the loan and the rate charged by representative commercial banks in the local area for similar loans. During 2019, the interest rates on notes receivable from participants ranged from 4.50% to 6.50%. Notes receivable from participants were approximately $267,000 and $186,000 as of December 31, 2019 and 2018, respectively.

NOTE 4. FAIR VALUE MEASUREMENTS

GAAP provides a framework for measuring fair value and provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy are described as follows:

Level 1: Inputs using the valuation methodology are unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

NOTE 4. FAIR VALUE MEASUREMENTS (Continued)

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methods used for assets measured at fair value:

Mutual funds: The fair value of the investments in mutual funds is determined by the fund trustee based on the fair value of the underlying securities within the fund, which represent the net asset value of the shares held by the Plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table presents the Plan's fair value hierarchy for assets measured at fair value as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 19,530,381	$ -	$ -	$ 19,530,381

The following table presents the Plan's fair value hierarchy for assets measured at fair value as of December 31, 2018:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 13,131,858	$ -	$ -	$ 13,131,858

NOTE 5. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Voya, the trustee of the Plan, whose transactions qualify as party-in-interest transactions.

NOTE 6. TAX STATUS

The Plan obtained its latest determination letter in September 2014, in which the IRS stated that the form of the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator believes that the Plan complies with the requirements of Section 401(a) of the Internal Revenue Code, and is therefore exempt from federal income taxes under Section 401(a) of the Internal Revenue Code.

NOTE 6. TAX STATUS (Continued)

Plan management is required to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain tax positions taken or expected to be taken by the Plan. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The administrator believes it is no longer subject to income tax examinations for years prior to 2015.

NOTE 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits between the financial statements and Schedule H of the Form 5500, as of December 31, 2019:

Net assets available for benefits per financial statements	$ 19,874,927
Less: 2019 contributions receivable - participant	(60,187)
2019 contributions receivable - employer	(17,291)
Net assets available for benefits per Form 5500	$ 19,797,449

The following is a reconciliation of total contributions between the financial statements and Schedule H of the Form 5500, as of December 31, 2019:

Contributions by participant per the financial statements	$ 3,582,473
Less: 2019 contributions receivable - participant	(60,187)
2019 contributions receivable - employer	(17,291)
Add: 2018 contributions receivable - participant	75,893
2018 contributions receivable - employer	33,290
Contributions by participant per Form 5500	$ 3,614,178

The remainder of this page intentionally left blank.

NOTE 8. PROHIBITED TRANSACTIONS

During 2019, participant contributions for 16 payroll transactions during the year, totaling approximately $88,000, were not remitted timely to the Plan. The Department of Labor (DOL) requires that participant contributions be remitted to the Plan on the earliest date on which they can be reasonably segregated from the Company's general assets. Failure to remit participant contributions to the Plan in a timely manner results in a prohibited transaction which must be separately reported to the DOL and may result in lost earnings for the Plan and penalties to the Plan sponsor.

NOTE 9. SUBSEQUENT EVENTS

Other Matters

Effective May 2020, the Plan sponsor temporarily stopped making matching contributions. As of October 2, 2020, it was not known when the Plan sponsor will resume making these contributions.

The Plan's ongoing funding may experience instability and estimates included in the financial statements may change due to current political and economic conditions as a result of public health concerns related to the novel coronavirus, or COVID-19. The duration and intensity of these impacts and resulting disruption to which these events affect the Plan's net position will depend on future developments, which are highly uncertain and cannot be predicted at this time.

Date of Management Review

Management has evaluated subsequent events through October 2, 2020, the date the financial statements were available to be issued.

INTRADECO RETIREMENT & SAVINGS PLAN

SUPPLEMENTAL INFORMATION

YEAR ENDED DECEMBER 31, 2019

INTRADECO RETIREMENT & SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER - #59-2313297
PLAN NUMBER – 001
FORM 5500 – SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment	(d) Cost	(e) Current Value
	Fidelity Investments	Fidelity 500 Index Fund	**	$ 3,762,776
	The Vanguard Group	Vanguard Trgt Retire 2035 Fnd Inv	**	2,479,956
	The Vanguard Group	Vanguard Trgt Retire 2030 Fnd Inv	**	1,950,791
	The Vanguard Group	Vanguard Trgt Retire 2020 Fnd Inv	**	1,555,786
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	MFS Investment Management	MFS Mid Cap Value Fund R6	**	494,949
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	The Vanguard Group	Vanguard Real Estate Index Adm	**	348,049
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	The Hartford Financial Services Company	The Hartford MidCap Fund R6	**	307,229
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	The Vanguard Group	Vanguard Trgt Retire 2060 Fnd Inv	**	12,730
	Fidelity Investments	Fidelity Mid Cap Idx Fd	**	1,547
*	Voya Retirement Insurance and Annuity	Voya Gov Money Mkt Fnd A (Hold Acct)	**	524
	The Vanguard Group	Vanguard Trgt Retire 2065 Fnd Inv	**	25
		Total mutual funds		19,530,381
*	Notes receivable from participants	Loans to participants, interest rates ranging from 4.50% to 6.50%, various maturities		267,068
	Total			$ 19,797,449

* Party-in-interest as defined by ERISA
** Cost information not required for participant-directed investments

The accompanying independent auditor's report should be read with this supplemental schedule.

INTRADECO RETIREMENT & SAVINGS PLAN

YEAR ENDED DECEMBER 31, 2019

EMPLOYER IDENTIFICATION NUMBER - #59-2313297
PLAN NUMBER – 001
FORM 5500 – SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

		Total that Constitute Nonexempt Prohibited Transactions			
Plan Year	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2019	$ 87,833	$ -	$ 87,833	$ -	$ -

The accompanying independent auditor's report should be read with this supplemental schedule.